

Online Counseling to Enable Lifestyle-Focused Obesity Treatment in Primary Care

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Mechanism:	PAR: HS08-270: Utilizing Health Information Technology to Improve Health Care Quality Grant (R18)
Grant Number:	R18 HS 018155
Project Period:	October 2009 – July 2013
AHRQ Funding Amount:	\$1,199,824

Summary: Because obesity is a major cause of cardiovascular disease, the United States Preventive Services Task Force (USPSTF) recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for those who are obese.

This study is looking at using health information technology to enable clinical lifestyle counseling on weight loss, with the goal of integrating lifestyle issues into routine preventive medicine. The research is examining the effectiveness of delivering an online version of the Diabetes Prevention Program (DPP) lifestyle intervention in a primary care setting. Recruitment targeted a group of participants who vary in terms of gender, body mass index, comorbidity status, race, and ethnicity. The coaching strategies incorporate physician feedback. Assessment of the intervention includes looking at multiple outcomes, including change in weight, waist circumference, physical activity, quality of life, and intervention cost-effectiveness. Furthermore, the use of technology may provide a more patient-centered approach to clinical obesity management.

This research seeks to address the key problem of how to implement USPSTF obesity screening and treatment recommendations in a cost-effective manner and to help translate well-established methods into a clinical setting.

Specific Aims:

- Use Internet technology to translate an evidence-based lifestyle intervention into diverse primary care settings in order to facilitate the delivery of evidence-based preventive counseling. **(Ongoing)**
- Examine how different strategies of delivering a DPP-based online lifestyle intervention differ in weight loss and cost-effectiveness. **(Ongoing)**

2012 Activities: Activities focused on integrating the online lifestyle intervention into routine primary care delivery at all participating sites and collecting outcomes data for a large portion of participants. The study team gathered data for the primary outcome (body weight change) in 272 of the 377 participants (72.1 percent) with a very narrow data collection window of 1 year +/- 2 weeks. The data analysis window is 1 year +/- 30 days. The project team abstracted program use data manually from the online intervention software, while time-use data for the cost-effectiveness analysis was extracted digitally by the software vendor. The initial data analysis has been completed and the team is formulating a plan for manuscript development. Development of the cost-effectiveness model is also in progress. Throughout the year, the

project team met with the software vendor on a regular basis to resolve minor technical issues, identify potential software enhancements, and increase quality assurance mechanisms.

As last self-reported in the AHRQ Research Reporting System, project progress and activities are on track and the project budget funds are moderately underspent due to some changes in key project staff in 2012. The project team is using a 10-month no-cost extension to complete the scope of activities.

Preliminary Impact and Findings: Informal feedback from physicians at the participating sites suggests there is interest in access to an online weight-maintenance intervention.

Target Population: Adults, Obesity

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Knowledge Creation
